



Hospice Care Volunteer Services Application (Adult)

Date: _____

Volunteer applicants and volunteers within Riverside Health shall be afforded equal opportunities in all aspects without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

PERSONAL INFORMATION

Full Name _____ Date of Birth: ____/____/____
(Last, First, Middle) (MM/DD/YYYY)

Address _____
(Street) (City, State, Zip)

E-mail Address _____ Home Phone (____) _____ Cell Phone (____) _____

Emergency Contact: _____ (____) _____
Name Relationship Phone

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Name Relationship Phone

Last 4 digits of Social Security No.: _____ *(Note: Providing Social Security Number at this time is optional. Applicants' Social Security Numbers are used in the creation of System User Names and Passwords, Volunteer Identification Badges and in the identification of Volunteer Patient Records ONLY.)*

EXPERIENCE

List any education or training that demonstrates qualifications for or personal attributes that would bring value to a volunteer assignment with Riverside. _____

List any languages you speak or write fluently. _____

List any skills/special interests that should be taken into consideration/are applicable to volunteering with Riverside. _____

Have you ever been discharged or asked to resign from an employer and/or volunteer service? Yes No If yes, please explain. _____

Have you ever been disciplined in any manner by any state or federal regulatory agency for any reason? Yes No If yes, please explain. _____

List any previous volunteer experience. _____

May we contact your present employer if applicable? Yes No If no, why? If yes, please list contact information: _____

EDUCATION

Are you currently a student? Yes No If yes:

School _____ Degree Expected _____ Date _____



VOLUNTEER PREFERENCE

Would you prefer: Patient Contact Non-Patient Contact Information/Clerical

Work Times: Mornings (ex. 8 am – 12 pm) Afternoons (ex. 12 pm – 4 pm)
 Evenings (ex. 4 pm – 8 pm) Nights (ex. after 8 pm)

Date you are available to begin: _____ Total hours per week willing to volunteer: _____
(MM/DD/YYYY)

- Monday Thursday Saturday
- Tuesday Friday Sunday
- Wednesday

List specific work area preference: _____

I would like to work with Special Events (ex.: fundraisers, health fairs, recruiting events). Yes No

In the event of an emergency (disaster, hurricane, pandemic), I would be able to volunteer. Yes No

REFERENCES

List names, email address, phone # and relationship of three persons (non-relative) who can provide a personal/professional reference:

Name	Email Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BACKGROUND INFORMATION

Have you ever pleaded guilty or been convicted of a crime other than a traffic violation? Yes No. If YES, please provide:

Description of offense: _____

Date of Conviction: _____ City/County, and State of Conviction: _____

How did you learn about this position?

- Riverside Brochure AARP/CWEP
- RiversideOnline.com _____
- Agency Bulletin Board (Please Specify Agency Name) _____
- Other (please specify) _____
- Volunteer Referral (please provide name) _____
- _____ _____

IF ACCEPTED INTO THE RIVERSIDE HEALTH VOLUNTEER PROGRAM I AGREE TO:
*Please
Initial*

- _____ **Please read:** If placed, I understand that I will be subject to and agree to abide by Riverside’s policies, procedures, and rules as described in the Code of Conduct, Volunteer Handbook, Human Resource Policy Guide and other such documents. I also understand that I may be required to agree and submit to medical examination to include annual tuberculosis screenings per volunteer policy.
- _____ **Please read:** I understand and agree that volunteer placement within Riverside is a privilege not a right, which means that at the option of Riverside or myself, any agreement to provide volunteer placement or service can be terminated, with or without cause, and with or without notice, at any time.
- _____ **Please read:** I understand and agree that my hours and/or assignments may be altered to meet the business needs of Riverside, which will remain the priority in all decisions concerning assignments, schedules, etc.
- _____ **Please read:** I agree that Riverside may, without my further consent, make lawful use of any picture or video image it may make or cause to be made of me.
- _____ **Please read:** I understand that, if I am an employee of Riverside Health or any of its affiliates, I may not be assigned a volunteer assignment within the same department as my current position, nor can I perform any duties which are similar in nature to the duties for which I am responsible in my paid position.
- _____ Hold as absolutely confidential any and all information that I may obtain directly or indirectly concerning patients and/or staff.
- _____ Become familiar with and uphold Riverside’s policies and procedures.
- _____ Honor my commitment to my specific job assignment.
- _____ Be professional, conscientious and conduct myself with dignity, courtesy and consideration of others.
- _____ Wear the appropriate uniform and maintain a well-groomed appearance at all times.
- _____ Complete an orientation, annual evaluations and attend in-service training sessions as scheduled.
- _____ Carry out assignments in a professional, respectful manner and seek the assistance of a supervisor when necessary.
- _____ Discuss any problems, criticisms or suggestions with my service area supervisor.
- _____ Work an agreed-upon number of hours on a schedule acceptable to me, my service area supervisor and the volunteer department manager.
- _____ Adhere to the volunteer department’s sign-in procedures.
- _____ Be punctual and notify my supervisors if unable to work as scheduled.
- _____ Understand and accept that Volunteer Services reserves the right to terminate my volunteer status at any time.
- _____ Consent to annual tuberculosis screening as required by Riverside.

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any assignment of service within the facilities of Riverside Health. I understand that all information on this application is subject to verification. I also consent that you may contact agencies, organizations and individuals listed regarding this application. I further authorize Riverside to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies or systems on a need-to-know basis for good cause as determined by the agency head or designee.

My typed name below shall have the same force and effect as my written signature.

Date: _____ Applicant Signature: _____